

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

91-4243-17  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10		5					60						
11		5					61						
12		5					62						
13	1						63						
14		1					64						
15		1					65						
16		4					66						
17		4					67						
18							68						
19							69						
20							70						
21							71						
22							72						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	32						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						